

| SITATION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | W. H. | | 03/25/01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | MS | 854 | 4/1 |
| RESPONSE FORMALITY REVIEW | Stet | 1091 | 7-20-01 |

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral) ... Canceled
+ Restricted
N Not Objected
I Interference
A Appeal
O Objected

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| Claim | Date |
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If more than 150 claims or 10 actions
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